

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014923

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 300

Registrar's No. 588

FILED APR 23 1962

VS 300
Rev. 4/59

1 0397

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in lb 35 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROY Middle CARROL Last TIEDE		4. DATE OF DEATH Month April Day 11 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/13/1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repair Refrigerators		10b. KIND OF BUSINESS OR INDUSTRY Refrigeration	
11. BIRTHPLACE (City and state or country) Crane, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry Tiede		13b. MOTHER'S MAIDEN NAME Annie Phillips	
14. NAME OF HUSBAND OR WIFE Lucy A.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Springfield, Missouri. Lucy A. Tiede, 1920 W. Walnut,	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage with Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Hypertension DUE TO (b) Hemiplegia & unconsciousness DUE TO (c) Hypertension		INTERVAL BETWEEN ONSET AND DEATH 9 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8 a.m. / p.m. Month, Day, Year 4/2/62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Springfield	
20g. COUNTY Greene		20h. STATE Missouri	
21. I attended the deceased from 4/2/62 to 4/11/62 and last saw him alive on 4/11/62 Death occurred at 11:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Robert Langston, M.D.		22b. ADDRESS Springfield	
22c. DATE SIGNED 4/14/62		22d. DATE RECD. BY LOCAL REG. 4-17-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/14/1962	
23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		23d. LOCATION (City, town, or county) Springfield, Missouri.	
24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave.		25. REGISTRAR'S SIGNATURE Effie E. Melton	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 17 1962

MAY 1 1962

JUN 28 1963

Permit renewed 4-14-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Willard L. Strauss

Licensed Embalmer No. 5164

P. O. Address Appt, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.